| 1 | EPA Notificati | | | | | | Agency |
|----|--|--|--|--|---|-------------------------------|---|
| | TXS-000. | 001-001 | 00007 | | DEM | FE BU | Washington DC 20460 |
| | This initial notification informat required by Section 103(c) of the nensive Environmental Respons | tion is Plea e Compre- addi e. Compen- pape | se type or print tional space, use er. Indicate the le | in ink. If you need separate sheets of the item | n | IS U | |
| | sation, and Liability Act of 1980 be mailed by June 9, 1981. | and must whi | ch applies. | | MAY | 0.5 | 1981 |
| A | Person Required to Notify: | | | | 6 | AE | P |
| | Enter the name and address of t | he person Name | Hydrograp | hic Corporation | | | |
| | or organization required to notify. | | P. O. Dra | wer 1284 | | | |
| | | City | Irving | | State | TX | Zip Code 75060 |
| 3, | Site Location: TXD-05 976 | 9075 | | | | | |
| , | Enter the common name (if know actual location of the site. | wn) and Name Street | | graphic Corporat Union Bower Road | ion | - | |
| | POXO-SAH | 954 CH | Irving | Courty Dallas | State | TX | Zip Code 75060 |
| 3 | Person to Contact: | . Nam | e (Last, First and Title) | Ewald, Michael | Vice P | rocid | ent Operations |
| | Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form. | | | | vice r | restu | euc, operations |
| | | | e (214) | 438-2681 | | | |
| 5 | Dates of Waste Handling: | | | | | | |
| | Enter the years that you estimat | e waste | | 1001 | | | |
| | treatment, storage, or disposal began and From (Year) 1977 To (Year) 1981 | | | | | | |
| | ended at the site. | oguri urid | | (0 (1981) 1981 | | | |
| | ended at the site. | agait and | | 10 (10ar) 1961 | | | |
| | | | | 10 (100) 1901 | | | • |
| = | Waste Type: Choose the opti | ion you prefer | to complete | | ion is availa | able to r | persons familiar with th |
| | | ion you prefer | to complete categories If ces, you are | Option 2: This opt | ation and Re | able to p | persons familiar with th Act (RCRA) Section 300 |
| | Waste Type: Choose the opti Option I: Select general waste t you do not know the general wa encouraged to describe the site General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable | ion you prefer types and source iste types or sour in Item I—Descri | to complete categories If ces, you are ption of Site | Option 2: This opt Resource Conserving regulations (40 CF Specific Type of V EPA has assigned listed in the regula appropriate four-di | ation and Re R Part 261). Vaste: a four-digit ations under git number | number Section | Act (RCRA) Section 300 r to each hazardous wan n 3001 of RCRA. Enter poxes provided. A copy |
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| | Notification of Hazardous Waste Sina | Side Two | | | | | | |
|-----|--|---|---|--|--|--|--|--|
| 700 | Waste Quantity: | Facility Type | ford Facility Waste Amount | | | | | |
| | Place an X in the appropriate boxes to | 1. 🏻 Piles | cubic feet | | | | | |
| | In the "total facility waste amount" space | 2. 🗆 Land Treatment | gallons 3,000 | | | | | |
| | In the "total facility waste amount" space give the estimated combined quantity | 3. □ Landfill 4.XX Tanks | Total Facility Area | | | | | |
| | (volume) of hazardous wastes at the site using cubic feet or gallons. | 5. ☐ Impoundment | square feet 500 | | | | | |
| | In the "total facility area" space, give the | 6. Underground Injection | 300 | | | | | |
| | estimated area size which the facilities occupy using square feet or acres. | 7. Drums, Above Ground 8. Drums, Below Ground | acres | | | | | |
| | | 9 Other (Specify) | | | | | | |
| • | Known, Suspected or Likely Releases to the Environment: | | | | | | | |
| | Place an X in the appropriate boxes to indicate any known, suspected. □ Known □ Suspected □ Likely □ Nown or likely releases of wastes to the environment. | | | | | | | |
| | Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so. | | | | | | | |
| н | Sketch Map of Site Location: (Optional | al) | | | | | | |
| | Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location. | | | | | | | |
| | | | | | | | | |
| | Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, | | | | | | | |
| | Describe the history and present conditions of the site. Give directions to | | | | | | | |
| | Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which | | | | | | | |
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| | Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing, Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions. Signature and Title: The person or authorized representative | Name Hydrographic Corpo | ration | | | | | |
| | Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing, Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions. Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or autorneys) of persons required | nyarographic corpo | ☐ Owner, Past | | | | | |
| | Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing, Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions. Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or authorized to notify must sign the form and provide a mailing address (if different than address). | Name Hydrographic Corpo | ☐ Owner, Past ☐ Transporter | | | | | |
| | Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing Include such information as how waste was disposed and where the waste came from Provide any other information or comments which may help describe the site conditions. Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in tem A). For other persons providing | Street P. O. Drawer 1284 | ☐ Owner, Past ☐ Transporter ☐ Operator, Present | | | | | |
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